

Vanda M. Wallace
Paragon Specialty

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE
						APPLICANT(S)	
						CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						61	
2						62	
3						63	
4						64	
5						65	
6						66	
7						67	
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38						98	
39						99	
40						100	
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48							
49							
50							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLMNS							

BEST AVAILABLE COPY